

**CITY OF MILWAUKEE ELECTION COMMISSION  
VOTER REGISTRATION APPLICATION**

<b>VOTING QUALIFICATIONS</b>	<input type="radio"/> <b>By marking this circle, I certify that I am a qualified elector:</b> I am a United States citizen I will be at least 18 years old on the day of or before the next election I am not currently serving a sentence, including probation, parole, or extended supervision, for a felony conviction I will have lived at my address for at least 28 <u>consecutive</u> days before the next election with no present intent to move I am not otherwise disqualified from voting <b>If you do not meet <u>each</u> of these qualifications, you are <u>not</u> qualified to register. Do not complete this form.</b>
	<b>I am registering to vote because (select one):</b> <input type="radio"/> I was <b>previously registered</b> to vote in Wisconsin, but my <b>name and/or address</b> has changed. <i>NOTE: If this is a change of address, your voting rights will be cancelled at your previous residence.</i> <input type="radio"/> I am a <b>new</b> Wisconsin voter. <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div> <b>NEW WI VOTERS:</b> If you are submitting your completed form by <b>MAIL</b>, you must include a photocopy of a proof of residence document. Visit our web site or call for information on acceptable documents.              If you do not provide this document, you will be asked for identification the first time you vote.           </div> </div>
<b>IDENTIFICATION</b>	If you have ever been issued a WI Driver License (WDL), you <b><u>MUST</u></b> provide your WDL number below even if your address has changed. If your license is revoked, suspended or expired, you must provide your WDL number <b><u>AND</u></b> the last four digits of your Social Security Number (SSN).  If you have never been issued a WI ID, you must provide the last four digits of your Social Security Number (SSN)  <b>WDL OR ID #:</b> _____ - _____ - _____ - _____      Expiration Date: ____/____/____ <b>SSN: X X X - X X -</b> _____  <input type="radio"/> Check this circle if you have never been issued a WI Driver License, WI ID or a Social Security Number.
<b>CURRENT</b>	<b>PRINT your NAME exactly as it appears on your identification - WI DL/ID or SSN (as recorded above):</b> Last Name: _____ Middle Name/Initial (if any on ID): _____ First Name: _____ Circle: Jr., Sr., II, III, IV Address: _____ Apartment/Unit Number: _____ <b>City of Milwaukee, WI</b> Zip Code: _____ Date of Birth (Month/Date/Year) : _____ Telephone Number: (     ) _____
<b>PREVIOUS</b>	<b><u>PREVIOUS NAME AND/OR ADDRESS IS REQUIRED:</u></b> Last Name: _____ Middle: _____ First Name: _____ Address: _____ Apt./Unit Number: _____ City: _____ State: _____ Zip Code: _____
<div style="display: flex; justify-content: space-between;"> <div> <b>VOTER SIGNATURE HERE</b>  <b>Falsification of information in this form is punishable under WI law as a Class I felony.</b>  <input type="radio"/> I would like information on serving as a City of Milwaukee election worker.         </div> <div> <b>Date (Month/Date/Year)</b> _____         </div> </div>	
<b>IF APPLICABLE, TO BE COMPLETED BY SPECIAL REGISTRATION DEPUTY (SRD):</b> SRD Print Name: _____ Signature: _____ ID Number: _____	
<b>OFFICE USE ONLY</b> District: _____ Ward: _____ NV_____ AC_____ NC_____ DUP_____	
CONF VTR ID# _____ - _____ SVRS ID# _____ Init / Date _____	

Return this completed form to:

**City of Milwaukee Election Commission  
200 E. Wells St., Room 501, Milwaukee, WI 53202  
414-286-3491**

For information on where to vote, go to [www.milwaukee.gov/election](http://www.milwaukee.gov/election)